

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Jacobs</i>	DATE  <i>9-25-07</i>
---------------------	----------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOC NUMBER  <i>000163</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR  <i>Cleaved 10/5/07, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>10-4-07</i>
	<input type="checkbox"/> FOIA DATE DUE _____
	<input type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

JOE WILSON  
2ND DISTRICT, SOUTH CAROLINA

ASSISTANT REPUBLICAN WHIP

COMMITTEES:  
ARMED SERVICES  
EDUCATION AND LABOR  
FOREIGN AFFAIRS  
HOUSE POLICY

## Congress of the United States House of Representatives

September 21, 2007

COUNTIES:  
AKEN\*  
ALLENDALE  
BARWELL  
BEAUFORT  
CALHOUN\*  
HAMPTON  
JASPER  
LEXINGTON  
ORANGEBURG\*  
RICHLAND\*  
(\*PARTS OF)  
DINO TEPPARA  
CHIEF OF STAFF  
AND COUNSEL

**RECEIVED**

SEP 25 2007

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Mr. Robert M. Kerr  
Director  
SC Department of Health and Human Services  
Post Office Box 8206  
Columbia, South Carolina 29202-8206

RE: Ms. Mary D. Thomas  
SSN 247-72-6362

*Wg. Nichols*  
*app. mgy*

Dear Mr. Kerr,

I am writing to you on behalf of the above named constituent who has contacted me regarding Medicaid benefits. Enclosed is Ms. Thomas' letter further explaining her concerns. Any assistance that you could offer would be most appreciated.

It is an honor to represent the people of the Second Congressional District, and I value your input.

Please respond to the Midlands District Office at 1700 Sunset Blvd., West Columbia, South Carolina 29169; Fax number 803-939-0078. Thank you for your time and concern in this and all other matters.

Yours very truly,

*JW*

JOE WILSON  
Member of Congress

JW/jmc  
Enclosure

MIDLANDS OFFICE:  
1700 SUNSET BLVD. (US 378), SUITE 1  
WEST COLUMBIA, SC 29168  
(803) 939-0041  
Fax: (803) 939-0078

212 CANNON HOUSE OFFICE BUILDING  
WASHINGTON, DC 20515-4002  
(202) 225-2452  
Fax: (202) 225-2455  
www.joewilson.house.gov

LOWCOUNTRY OFFICE:  
903 PORT REPUBLIC STREET  
P.O. Box 1538  
BEAUFORT, SC 29901  
(843) 521-2530  
Fax: (843) 521-2535

SEP 10 2007

Sept 6, 2007

Dear Congressman Ellison

I desperately need help getting my medical started. I have called them and was told it would be three months to a year.

I have lung cancer and am unable to work. I have no insurance and I have to pay all my medical bills and prescriptions out of pocketed. I have no date has had social security but it doesn't state I live here.

I would need a private if you could have a medical exam. I have paid out every penny I have sent and returned it. As to date I have still not heard anything. Total medical bills to date \$50,000.00 I really would appreciate your help in this matter.

My date of birth is March 25, 1944  
My social security no. is 247-72-6362  
I am living here - 847 only

Thank you,  
Mary D. Thomas  
1608 S. Thomas Rd.  
Lexington, S.C. 29012



log 0163 ✓

*State of South Carolina*  
*Department of Health and Human Services*

Mark Sanford  
Governor

Emma Forkner  
Director

October 5, 2007

Ms. Mary D. Thomas  
1608 Jim Spence Road  
Lexington, South Carolina 29073

Dear Ms. Thomas:

Congressman Joe Wilson asked our agency to respond to your recent letter to his office concerning your application for Medicaid.

Medicaid eligibility is based on federal and state requirements. To qualify for Medicaid, an individual must meet certain financial guidelines and categorical requirements. Unfortunately, your application for coverage under Medicaid's Aged, Blind or Disabled Program was denied because your current monthly income exceeds the allowable limit for an individual.

Another option for healthcare assistance is Medicaid's Community Long Term Care (CLTC) program. CLTC can provide assistance to individuals requiring institutional care who choose to receive care in their home. Eligibility for this program is based on a maximum monthly income of \$1869 and some resource restrictions. If your health situation worsens, please contact the Columbia CLTC office at (803) 741-0826 to determine if you may be eligible for this program.

We have enclosed information on other programs and organizations that assist residents in South Carolina with healthcare services and prescription medications. If you have additional questions about the Medicaid program, please contact Jennifer Dabbs at (803) 898-3965. We hope this information is helpful to you.

Sincerely,

*Alicia Jacobs*  
Alicia Jacobs  
Interim Deputy Director

AJ/od



*State of South Carolina*  
*Department of Health and Human Services*

Mark Sanford  
Governor

Emma Forkner  
Director

October 5, 2007

The Honorable Joe Wilson  
United States House of Representatives  
Midlands District Office  
1700 Sunset Boulevard, Suite 1  
West Columbia, South Carolina 29169

Dear Congressman Wilson:

Thank you for referring Ms. Mary D. Thomas to our agency with her concerns about Medicaid eligibility.

A member of our staff has been in direct contact with Ms. Thomas regarding Medicaid eligibility and the rules and regulations governing the program. We provided Ms. Thomas with information on other programs and organizations that can assist with her healthcare services, prescription medications, and inpatient hospitalization expenses, as well as, contact information on groups that may be able to assist with her living expenses.

We appreciate your continued interest and support of the South Carolina Medicaid program. If I may be of further assistance on this or any other matter, please let me know.

Sincerely,

Emma Forkner  
Director

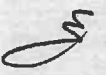
EF/jod

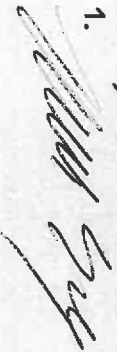
log 0163

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR**

**ACTION REFERRAL**

TO <b>Jacobs</b>	DATE <b>9-25-07</b>
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	<input type="checkbox"/> Necessary Action

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1. 	<b>10/2/07</b>		
2.			
3.			
4.			

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CHIEF OF STAFF  
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September 21, 2007

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SEP 25 2007

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Mr. Robert M. Kerr  
Director  
SC Department of Health and Human Services  
Post Office Box 8206  
Columbia, South Carolina 29202-8206  
RE: Ms. Mary D. Thomas  
SSN 247-72-6362  
*Ms. Thomas*  
*app. neg*

Dear Mr. Kerr,

I am writing to you on behalf of the above named constituent who has contacted me regarding Medicaid benefits. Enclosed is Ms. Thomas' letter further explaining her concerns. Any assistance that you could offer would be most appreciated.

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Please respond to the Midlands District Office at 1700 Sunset Blvd., West Columbia, South Carolina 29169; Fax number 803-939-0078. Thank you for your time and concern in this and all other matters.

Yours very truly,

*JW*

JOE WILSON  
Member of Congress

JW/jmc  
Enclosure

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P.O. Box 1538  
BEAUFORT, SC 29901  
(843) 621-2530  
Fax: (843) 621-2535

TOLL FREE 1-888-381-1442

SEP 10 2007

Sept 6, 2007

Dear Congressman Wilson

I desperately need help getting my Medicaid started I have called them and explained my situation to them and was told it would be three months to a year.

I have lung cancer and am unable to work. I have no insurance and I have to pay all my medical bill and prescriptions but my protected status my date has made social security but it doesn't state for living.

I would really appreciate it if you could have SAT medical someone I have filled out every form they have sent and returned it. Cgs-16 date I take still met head and neck. Total medical bills to date \$50,000.00

I really would appreciate your help in this matter.

My Date of Birth is March 25, 1944

My Social Security No. is 247-72-6362  
My last name is Jones and my first name is Mary

Thank you

Mary D Jones  
1608 Stems Pence Rd.  
Lexington, S.C. 29014



EDIT

Constituent ID

Closed? ☐

Date Closed

SSN

MEDICAID ID

First Name  MI  Last Name

Constituent Phone(s)

Constituent Phone Extension

Authorized Rep

Rep Phone

Relationship

Source

Log No.  Due Date

HIPAA Authorization

Reason for Referral

Staff ID  Staff First Name  Staff Last Name

Point of Contact

Legislator/ Other

Entry Date

Last Update

Last Update User

Apply

Cancel

Close

Constituent# 1016				
	Notes ID	Entry Date	Last Update	Notes
▶	1631	10/2/2007	10/2/2007	To Mark for review. LYNCHJEN 10/2/2007 1:40:15 PM
	1628	10/2/2007	10/2/2007	I left a message for Ms. Thomas. LYNCHJEN 10/2/2007 11:57:57 AM
	1626	10/2/2007	10/2/2007	>>> Judy Alston 10/2/2007 10:58 AM >>> Good Morning, I spoke with Ms. Thomas last week inquiring her Medicare card , and she do not have Medicare. So, the SLMB bg is withdrawn. She is ineligible for ABD because of income. LYNCHJEN 10/2/2007 11:45:35 AM

Print this Form

Constituent Notes

**From:** Judy Alston  
**To:** Jennifer Dabbs  
**Date:** 10/2/2007 10:58 AM  
**Subject:** Fwd: Re: Mary D. Thomas HH# 101198252

Good Morning,  
I spoke with Ms. Thomas last week inquiring her Medicare card , and she do not have Medicare. So, the SLMB bg is withdrawn. She is ineligible for ABD because of income.

Judy C. Alston  
Medicaid Eligibility Casemanager  
Lexington County DHHS Medicaid  
605 West Main Street  
Lexington, SC 29072  
(803) 785 - 2889 desk  
(803) 785 - 8564 fax

>>> Jennifer Dabbs 10/2/2007 9:13 am >>>  
Could I please get an update on this? I need the current status and any background that may be helpful. My response is due tomorrow and I need to prepare the letter. Thanks so much!!

Jennifer Dabbs  
Supervisor, Division of Constituent Services  
Bureau of Eligibility Policy & Oversight  
Department of Health and Human Services  
(803) 898-3965  
(803) 255-8350 FAX  
lynchjen@scdhhs.gov

>>> Marilyn Roberts 9/26/2007 5:19 PM >>>  
Jennifer,  
I will check tomorrow to see if Judy has it and what we can do this get this resolved.

>>> Jennifer Dabbs 09/26/07 3:35 PM >>>  
Could we determine who has this case? It shows in MEDS Toya and Judy. Thanks!!

Jennifer Dabbs  
Supervisor, Division of Constituent Services  
Bureau of Eligibility Policy & Oversight  
Department of Health and Human Services  
(803) 898-3965  
(803) 255-8350 FAX  
lynchjen@scdhhs.gov

>>> Toya Lewis 9/26/2007 3:23 PM >>>  
Good afternoon,

I am not sure what is needed to complete the case for Ms. Thomas. I no longer have this case record. This is a Lexington County case and the case is in the Lexington Office. Sorry, I can't be of much help.

>>> Jennifer Dabbs 09/26/07 3:03 PM >>>  
Good afternoon,

Ms. Thomas has contacted Congressman Wilson's office regarding her need for Medicaid assistance. I see that she has a pending ABD and SLMB case. Could I please get the current status on both of these cases? I checked our disability determination tracker and don't see where the packet has been sent to Columbia for a decision. Are you still waiting on information from the client? As much information as you can provide will be very helpful in my response to Ms. Thomas and Cong. Wilson. Thanks so much for any background you can provide.

Jennifer Dabbs  
Supervisor, Division of Constituent Services  
Bureau of Eligibility Policy & Oversight  
Department of Health and Human Services

MEDEL01 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 10/02/07  
MEDSPROD MEDICAID ELIGIBILITY DECISION ACTION:

DATES-FROM: 06 / 2007 THRU: \_ / \_ PAGE: 2 OF 3

HH NAME: MARY THOMAS HH NUMBER: 101198252  
BGN: 39672731 PCAT: ABD SPN: 4000 RICH Cty Elig ACT TYPE: MAINTENANC  
BG: D BGP: D WKR: TLEWI TOYA LEWIS ACT DATE: 10/02/07

COUNTABLE BG MEMBERS: 1

COUNTABLE INCOME: 972.00 COUNTABLE RESOURCES: 0.00

INCOME LIMIT: 851.00 RESOURCE LIMIT: 4000.00

POV-LVL: +1.14 % HLTH INS PREM: 0.00

RECURRING INC: 0.00 TOTAL ALLOC: 0.00 OSS AWARD: 0.00

MEETS NON-FINANCIAL? (Y/N): Y ACT ON DECISION COMPLETE? (Y/N): Y

MEETS INCOME? (Y/N): N DECISION ACCEPTED DATE: 10/02/07

MEETS RESOURCES? (Y/N): Y NEXT REVIEW DATE: 09/26/08

MEETS OTHER CONDITIONS? (Y/N): Y ANTICIPATED CLOSURE DATE: \_

REASON(S) FOR DENIAL/CLOSURE/CHANGE:

051 Your income is more than policy allows.

ELIGIBILITY DECISION APPEALED? (Y/N) \_ CONTINUE BENEFITS? (Y/N): \_

APPEAL REQUEST DATE: \_ COUNTY DECISION UPHELD? (Y/N): \_

UPDATED: USER ID: JALST DATE: 10/02/07 SYSTEM ID: ELD3000 DATE: 10/02/07

ME900115 BUDGET GROUP PERIOD INFORMATION FOUND

PF1->HELP PF3->NEXT SCR PF6->RETURN PF10->MENU PF13->FIELD HELP

PF15->MAKE DECISION PF16->BG DET PF21->HIST- PF22->HIST+ PF24->ACT ON DECISION

MEDHMS15 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 10/02/07  
MEDSPROD UNEARNED INCOME DETAIL ACTION:

PERIOD START: 06/20/2007 END:

NAME: THOMAS MARY HH NAME: THOMAS MARY  
NUMBER: 1780749808 HH NUMBER: 101198252 ACTION TYPE: MAINTENANCE  
SSN: 247-72-6362 STATUS: ACTION DATE: 06/21/2007

SOURCE TYPE: SOCIAL SECURIY ADMINISTRATIO 1 SOURCE: SSA  
ADDRESS

DATE APPLIED FOR: \_\_\_\_\_  
END DATE: \_\_\_\_\_

PHONE: - - - - - PAGE: 0001

GROSS AMT	DTE RECD	FREQUENCY
0.00		
1,022.00	01/03/2007	MONTHLY

UPDATED: USER ID: JALST DATE: 09/26/2007 SYSTEM ID: DATE:  
INCOME RECORD FOUND  
PF2->ADD PF3->NEXT SCR PF4->REFH PF6->RETURN PF7->PREV PF8->NEXT  
PF9->PRINT PF20->UCB PF21->HIST- PF22->HIST+ PF23->P MO PF24->N MO

4EDHMS49 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 09/26/07  
MEDSPROD HOUSEHOLD BUDGET GROUPS

PAGE: 0001

HH NAME: THOMAS MARY  
HH NUMBER: 101198252

APL STATUS: ACTION TYPE: MAINTENANCE  
ACTION DATE: 06/21/07

S	NUMBER	CATEGORY	WORKER	CNTY	LOC	SPNSR	REVIEW	LAST	BG
-	59790101	SIMB	JALST	32	001	3200		REVIEW	STATUS
-	39672731	ABD	TLEWI	40	444	4000	09/26/2008		PENDING

UPDATED: USER ID: JALST DATE: 09/26/07 SYSTEM ID: HMS5000 DATE: 06/21/07  
ME904675 HOUSEHOLD BUDGET GROUPS FOUND

PF1->HELP PF3->HH MEMBERS PF5->BG DETERMINATION  
PF6->RETURN PF7->PREV PF8->NEXT PF10->PREV MENU PF17->ELD00

MEDHMS04 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 09/26/07  
MEDSPROD PRIMARY INDIVIDUAL ACTION:

HH NAME: THOMAS MARY ACTION TYPE: MAINTENANCE  
HH NUMBER: 101198252 APL STATUS:  
APL EFF DATE: 06/20/2007 WKR: TLEWI TOYA LEWIS ACTION DATE: 06/21/07  
MAIL IN(Y/N): N APL SITE: \_\_\_\_\_ WKR'S CNY: 40 RICHLAND  
APPLICANT'S CNY: 32 LEXINGTON SPNSR: \_\_\_\_\_

COURTESY APPLICATION(Y/N): N PRIMARY LANGUAGE: E ENGLISH  
MAILING ADDRESS: REASON FOR APPLICATION:  
1608 JIM SPENCE ROAD ADULT WITH CHILDREN(Y/N): N

LEXINGTON SC 29073- CHILDREN 1 AND OVER(Y/N): N  
RESIDENCE ADDRESS: INFANTS UNDER AGE 1(Y/N): N  
1608 JIM SPENCE ROAD PREGNANT(Y/N): N  
BLIND/DISABLED(Y/N): Y  
AGED(Y/N): N

LEXINGTON SC 29073- INMATE(Y/N): \_\_\_\_\_  
PHONE: H: 803-755-8032 W: - - LIMITED DATA COLLECTION: 00 NONE  
UPDATED: USER ID: JALST DATE: 09/26/07 FIRST SIGNATURE OBTAINED(Y/N): Y  
ME900049 HOUSEHOLD RECORD FOUND WITHDRAW APPLICATION(W/C/N): N

PF1->HELP PF3->NEXT SCR PF4->REFRESH PF6->RETURN PF9->HH NOTES  
PF10->PREV MENU PF13->FIELD LEVEL HELP PF21->HIST- PF22->HIST+